

CENTRAL FAX CENTER
DEC 0 3 2004

REX MEDICAL

1100 East Hector Street, Suite 245 Conshohocken, PA 19428

Phone: 610-293-0525 Fax: 610-293-0128

E-mail: email@rexmedical.com

Legal Office 1011 High Ridge Road Stamford, CT. 06905

Phone 203-329-8750 Fax 203-329-8187

E-mail: ngershon@rexmedical.com

FAX

To:	Patent and Trademark Office	From:	Neil D. Gershon	
Fax:	(703) 872-9306	Pages:	8 with Fax Cover	
Phone:		Date:	December 3, 2004	
Re:	Change of Correspondence Address	CC:		

Signature
Typed or Printed
Name

Date

DEC 0 3 2004

PTO/SB/122 (08-04)
Approved for use through 07/31/2006. OAB 0551-0035
U.S. Patent and Yndermark Office; U.S. DEPARTMENT OF COMMERCE
pulred to respond to a coffection of information unless it displays a valid OMB control number.

under the Paperwork Reduced Fee						
CHANCE OF	Application Number	10/691,211				
CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	10/30/2003				
Application	First Named Inventor	James F. McGuck in Jr. etcl				
· Address to	Art Unit	376/				
Address to: Commissioner for Patents P.O. Box 1450	Examiner Name	Unknown				
Alexandria, VA 22313-1450	Attorney Docket Number	1261				
Please change the Correspondence Address for the above-identified patent application to:						
The address associated with						
Customer Number:						
OR						
Firm or Individual Name Neil D. Gershon						
Address Rex Medical 1011 High Ridge Rd						
						City Stam Ford
Country USA						
Telephone (203) 329-8750 Fax (203) 329-8/87						
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).						
I am the:						
Applicant/Inventor						
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
Attorney or agent of record. Registration Number 32, 225						

"Total of ________forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an eppication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ONT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Registered practitioner named in the application transmittal letter in an application without an

Telephone (203)

executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number_

2004

forms if more than one signature is required, see below.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Subr

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.